

Entry of this Amendment is respectfully requested; and the Examiner is invited to call the undersigned attorney should any questions arise.

Applicants do not believe that any fees are due in connection with this submission. However, if such petition is due or any other fees are necessary, the Commissioner may consider this to be a request for such and charge any necessary fees to deposit account 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By 

Joseph R. Jordan, Reg. No. 25,686

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Credit Card Payment Form

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Credit Card Information

Credit Card Type: ☒ Visa ☐ MasterCard ☐ American Express ☐ Discover
Credit Card Account #: 5163 2300 0108 9692
Credit Card Expiration Date: 10/02
Name as it Appears on Credit Card: ANNUNZIATA M. MAGGIO
Payment Amount: \$ (US Dollars): \$ 640.00
Signature: *Annunziata Maggio* Date: 30/09/02

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.
Service Charge: There is a \$6.00 service charge for processing each payment refused (including a check returned "uncashed" or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: 3/287 VICTORIA ROAD
Street Address 2: THORNBURY
City: MELBOURNE
State: VICTORIA
Country: AUSTRALIA
Zip/Postal Code: 3071
Daytime Phone #: (03) 9432 8325 Fax #: (03) 9432 8327

Request and Payment Information

Description of Request and Payment Information	
Patent Fee	Patent Maintenance Fee
Application No. 09/554,222	Application No.
Patent No. Confirmed 6504	Patent No.
Trademark Fee	Other Fee
Serial No.	IDON Customer No.
Registration No.	
Identify or Describe Mark	
Attorney Docket No. 13263.143W0	

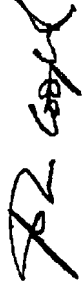
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FROM: JOHN COOPER
FAX: 03-9432-8327
DATE: 30.9.2002
PAGE: 1 OF 3

DETAILS

HEREBY CERTIFY THAT THIS CORRESPONDENCE IS
BEING FAXED TO THE ASSISTANT COMMISSIONER FOR PARENTS,
WASHINGTON DC 20231 ON 30.9.02.

PRINT NAME: JOHN M. COOPER
SIGNATURE: 
DATE: 30.9.02

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